## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 27 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (4)SHELDON HOTEL LOUNGE CORP. Principal Place of Business Mailing Address 1000 N. BROADWALK 1000 N. BROADWALK HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 03/09/1978 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-1850040 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CHIRA, ELIZABETH 1000 NORTH BROADWALK 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33019 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Addition TITLE DELETE 1.1 TITLE Change NAME CHIRA, ELIZABETH 1.2 NAME 2990 BUDD DR. STREET ADDRESS 1.3 STREET ADDRESS COPER CITY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE CHIRA, ELIZABETH NAME 2.2 NAME 2990 BUDD DR. STREET ADDRESS 2.3 STREET ADDRESS COPER CITY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with the filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated in 19.07(3)(i), Florida Statutes. I further certify that the information indicated in 19.07(3)(i), Florida Statutes. I further certify that the information indicated in 19.07(3)(i), Florida Statutes. I further certify that the information indicated in 19.07(3)(i), Florida Statutes. I further certify that the information indicated in 19.07(3)(i), Florida Statutes. I further certify that the information indicated in 19.07(3)(i), Florida Statutes. I further certify that the information indicated in 19.07(3)(i), Florida Statutes. I further certify that the information indicated in 19.07(3)(i), Florida Statutes. I further certify that the information indicated in 19.07(3)(i), Florida Statutes. I further certify that the information indicated in 19.07(3)(i), Florida Statutes. I further certify that the information indicated in 19.07(3)(i), Florida Statutes. I further certify that the information indicated in 19.07(3)(i), Florida Statutes. I further certify that the information indicated in 19.07(3)(i), Florida Statutes. I further certify that the information indicated in 19.07(3)(i), Florida Statutes. I further certificate indicated in 19.07(3)(i),

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5,4 CITY - ST - ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST-ZIP

TITLE

TITLE NAME

DELETE

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954- 922-600

Change

Addition

Addition